

Form SEL102: Brookline Supplemental Campaign Finance Report

To be completed by candidates for the office of Selectman pursuant to E

Sec. 3.1.7 of the Town By-Laws

12 MAR 27 PM 4:51

### Please print or type all information except signatures

Reporting period beginning 4 18 200	9 and ending $6$ $4$ $3$ $6$
Report period:  □ 15 <sup>th</sup> day before election □ 8 <sup>th</sup> day before election	☑ 30 <sup>th</sup> day after election ☐ Year-end report
Betsy De Witt	Betsg DeWitt For Selection
Selectman	George Humphrez
ad 19ffice sought 1 Pl	Name of committee treasurer  Ho (Xi W Ner Rel
Residential address	Committee mailing address  Tel. No. (optional)
Tel. No. (optional)	
SUMMARY BALANC	E INFORMATION
Line 1: Ending balance from previous rep Line 2: Total receipts this period (from pag Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (fro Line 5: Ending balance (line 3 minus line 4)	\$ 257), 60 \$ 1906-21
Line 6: Total in-kind contributions this period Line 7: Total of all outstanding liabilities (from Line 8: Name of bank used Brookly)	om page 4) \$ 12, 886. 46
Affidavit of Committee Treasurer:  I certify that I have examined this report, including attached schedules, and it is, to campaign finance activity, including all contributions, loans, receipts, expenditures and represents the campaign finance activity of all persons acting under the author M.G.L. c. 55 and Brookline By-Laws, sec. 3.1.7.  Signed under the persons activity of all persons acting under the persons acting under the persons acting under the persons actions.	s, disbursements, in-kind contributions and liabilities for this reporting period ity or on behalf of this committee in accordance with the requirements of nalties of perjury:
1 Hummy	3-26-12
Treasure s signature (in ink)	Date
FOR CANDIDATE FILINGS O	NLY: (Candidate must sign below)
Affidavit of Candidate: (check one box only)  Candidate with committee and no activity independent of the com I certify that I have examined this report, including attached schedules, and it is, to campaign finance activity, of all persons acting under the authority, or on behalf or Brookline By-Law 3.1.7. I have not received any contributions, incurred any liabil  Candidate without committee OR candidate with independent act I certify that I have examined this report, including attached schedules, and it is, to campaign finance activity, including all contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the author M.G.L. c. 55 and Brookline By-Laws, sec. 3.1.7.  Signed under the pe	o the best of my knowledge and belief, a true and complete statement of all fithis committee, in accordance with the requirements of M.G.L. c. 55 and lities, nor made any expenditures on my behalf during this reporting period.   tivity filing separate report to the best of my knowledge and belief, a true and complete statement of all s, disbursements, in-kind contributions and liabilities for this reporting period ity or on behalf of this committee in accordance with the requirements of
(hotal Dolo) it	3/28/12
Candidate's signature (in ink)	Date
<u> </u>	

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need itemize only those over \$50. In addition, Section 3.1.7 of the Town By-Laws further requires that the occupation and employer must be reported for each person who contributes more than \$50 in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a page number on each additional page.

Occupation and employer **Date** Name and residential address Amount (for contributions over \$50) (alphabetical listing required) received Foster, Marc Consultant Poster and Roberts Roberts, Andrea Browkline, MA consulteret

Line 9: Total receipts of more than \$50 (or listed above)	250	w
Line 10: Total receipts of \$50 or less (not listed above)*	0	,
Line 11: Total receipts this period (Enter here and on page 1, line 2)	250	00

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name

and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Address	Purpose of expenditure	Amou	ınt
	DeWitt, Betsy	gy voland Rd Brookline, MA	Partial reimbursement for printing/activitising	1800	w
	Ç				
,					
	<u> </u>	Line 12: Total expenditures	of more than \$50 (or listed above)	1800	X
			es of \$50 or less (not listed above)*	0	
		Line 14: Total ex (Enter here a	xpenditures this period nd on page 1, line 4)	1800	O.

<sup>\*</sup>Receipts of \$50 or less *may be itemized above*. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

Itemize contributors who have made in-kind contributions of *more than \$50*. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Valu	ıe
		Line 15: In-kind over \$	50 (or listed above)		-1
		Line 16: In-kind \$50 or	less (not listed above)		
		Line 17: Total in-ki (Enter here and on			

<sup>\*</sup>If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

#### **SCHEDULE D: LIABILITIES**

 $M.G.L.\ c.\ 55$  requires committees to report ALL outstanding liabilities, including those which have been reported previously as well as those incurred during this reporting period.

Date incurred	To whom due	Address	Purpose	Amount	
5-13-06	Betsy DeWitt	Brookline MA 94 Yoland Rd	printing/postage	10308	<b></b>
5-9-04	Beisy Dewill	Brookline, MH	printing/adverting	2598	17
			tstanding liabilities on page 1, line 7)	13886	46

#### SCHEDULE E: DONORS OF \$50 AND LESS

Line 19: Total number of donors in this period whose aggregate contributions	
(including in-kind contributions) equal an amount or value of \$50.00 or less	

This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.



# Form CPF M 102: Campaign Finance Report Municipal Form REGISTRARS OF VOTERS

Office of Campaign and Political Finance HAR 27 PM 4:51

File with: City or Town Clerk or Election Comm	ission
Fill in Reporting Period dates: Beginning Date: 04/18/09 Ending Date: 06/04/09	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution	
Betsy Dewitt for Selectman Candidate Full Name (if applicable)  Betsy bewitt for Selectman Committee Name	
Selectman George E. Humphrey	
Office Sought and District  Name of Committee Treasurer	
94 Upland Rd. Brookline, MA 46 Gardner Rd., Brookline, 4.	17
Residential Address Committee Mailing Address	
Telephone Number (optional):	
Totephone reunion (opnoma).	لسيب
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report /, 656.21	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7) 12,886.46	
Line 8: Name of bank(s) used: Brokline Bank	
Affidavit of Committee Treasurer:	
discritify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expanditures, dispursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.	,
Signed under the penalties of perjury: (Treasurer's signature) Date: 3-26-13	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fine activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.	
Signed under the penalties of perjury: Signed under the penalties of perjury: Date: 3/28//2	

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/19/09	Foster, Marc Browline, 122 Naples Rel MA	125	Consultant Foster and Roberts
04/19/109	Roberts Andrea Brukli 122 Naples Rd MA	125	Foster and Roberts  Consultant Foster and Roberts
	·		
Line 9: Total Receipts over \$50 (or listed above)  350.00			
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1	
Line O. Test ID	into avan \$50 (or listed above)		
Line 9: Total Receipts over \$50 (or listed above)			
	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Wi	nom Paid tical listing)	Address	Purpose of Expenditure	Amount	
5-9-09	Be4sy	Dewitt	94 Upland Rol Brookline, MA	Partial reimbursement En printing/advertisein		
			Line 12: Total Expenditures ov	ver \$50 (or listed above)	1800.00	
			Line 13: Total Expenditures \$50	0 and under* (not listed above)	0	
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD [1,800.00]					

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

### **SCHEDULE B: EXPENDITURES (continued)**

	I O TT MOM I MA	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
	,						
<del></del>							
			Parameter 1				
				-			
			,				
***************************************							
		Line 12: Expenditures over \$50	(or listed above)				
		Line 13: Expenditures \$50 and to	-				
	The state of the s						
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
	·			
<u> </u>		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
5-13-06	Betsy Dewitt	gy upland Rd Browking, MA	Loan for printing/postage	10,308.29
5-9-09	Betsy Dewitt	94 Upland Rd Britishes mA	Loan for Finting ladvertising	2,578.17
· ·	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	12,886.46



Fill in dates:

Reporting period beginning

# Form SEL102: Brookline Supplemental Campaign Finance Report TRARS OF

Sec. 3.1.7 of the Town Bv-Laws

and ending

Month

May

Day

25

09 JUN -1, AM 11:00

Year

2009

#### Please print or type all information except signatures

Year

2009

Day

18

Month

**April** 

Report period:	
$\Box 15^{th}$ day before election $\Box 8^{th}$ day before election	☑ 30 <sup>th</sup> day after election ☐ Year-end report
Kenneth Michael Goldstein	Committee to Elect Ken Goldstein
Full name of candidate	Committee name
Selectman Office sought	Hui Jojo Deng Name of committee treasurer
111 Holland Rd. Brookline, MA 02445 Residential address	111 Holland Rd. Brookline, MA 02445 Committee mailing address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE	INFORMATION
Line 1: Ending balance from previous repo Line 2: Total receipts this period (from page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (from Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period Line 7: Total of all outstanding liabilities (from Line 8: Name of bank used TD Bank North	2, line 11)  \$ 0.00  \$ 2,821.41  1 page 3, line 14)  \$ 2,209.75  \$ 611.66
Affidavit of Committee Treasurer:  I certify that I have examined this report, including attached schedules, and it is, to th campaign finance activity, including all contributions, loans, receipts, expenditures, of and represents the campaign finance activity of all persons acting under the authority M.G.L. c. 55 and Brookline By-Laws, sec. 3.1.7.  Signed under the pena  Treasurer's signature (mink)  FOR CANDIDATE FILINGS ON	disbursements, in-kind contributions and liabilities for this reporting period or on behalf of this committee in accordance with the requirements of lities of perjury:    S / J 9 / D   G     Date   Date
Affidavit of Candidate: (check one box only)	D1. (Candidate must sign below)
I Candidate with committee and no activity independent of the comm I certify that I have examined this report, including attached schedules, and it is, to the campaign finance activity, of all persons acting under the authority, or on behalf of the Brookline By-Law 3.1.7. I have not received any contributions, incurred any liabilitie.  ☐ Candidate without committee OR candidate with independent active I certify that I have examined this report, including attached schedules, and it is, to the campaign finance activity, including all contributions, loans, receipts, expenditures, of and represents the campaign finance activity of all persons acting under the authority M.G.L. c. 55 and Brookline By-Laws, sec. 3.1.7.  Signed under the penals	ne best of my knowledge and belief, a true and complete statement of all his committee, in accordance with the requirements of M.G.L. c. 55 and es, nor made any expenditures on my behalf during this reporting period.  ity filing separate report  the best of my knowledge and belief, a true and complete statement of all disbursements, in-kind contributions and liabilities for this reporting period or on behalf of this committee in accordance with the requirements of
Candidate's signature (in ink)	Date

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need itemize only those over \$50. In addition, Section 3.1.7 of the Town By-Laws further requires that the occupation and employer must be reported for each person who contributes more than \$50 in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a page number on each additional page.

Date received	Name and residential address (alphabetical listing required)	Amou	nt	Occupation and employer (for contributions over \$50)
	N/A		П	( )
	the design of the second control of the seco			
			<u> </u>	
				Mighalith a Mara dheann an daoine an daoine an daoine an agus an daoine an ann an an an an an an an ann an ann
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			<del>                                     </del>	
	·			and the state of t
		<u> </u>	-	
		<u> </u>	- -	
				the state of the s
Line 9:	Total receipts of more than \$50 (or listed above)	0		
	Total receipts of \$50 or less (not listed above)*	0		
	Line 11: Total receipts this period (Enter here and on page 1, line 2)	0		

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

M.G.L. c. 55 requires committees to list, **in alphabetical order**, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name

and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Address Purpose of expenditure	Amou	unt
4/27/09	Joel G. Kinney 250 Corey Rd. Brighton, MA 02135		932	75
5/08/09	Roadhouse Inc.	1700 Beacon St. Brookline, MA 02445  Election night event	1,277	00
4				
		Line 12: Total expenditures of more than \$50 (or listed above)	2,209	75
		Line 13: Total expenditures of \$50 or less (not listed above)*  Line 14: Total expenditures this period  (Enter here and on page 1, line 4)	2,209	75

<sup>\*</sup>Receipts of \$50 or less *may be itemized above*. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

Itemize contributors who have made in-kind contributions of *more than \$50*. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Valu	ıe	
		Line 15: In-kind over \$3	50 (or listed above)		1	
		Line 16: In-kind \$50 or				
		Line 17: Total in-ki (Enter here and on	nd contributions	0		

<sup>\*</sup>If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL outstanding liabilities, including those which have been reported previously as well as those incurred during this reporting period.

Date incurred	To whom due	Address	Purpose	Amou	nt
**************************************	A Comment of the Comm	Line 18: Total outs (Enter here and o	standing liabilities on page 1, line 7)	0	

#### SCHEDULE E: DONORS OF \$50 AND LESS

Line 19: Total number of donors in this period whose aggregate contributions		
(including in-kind contributions) equal an amount or value of \$50.00 or less	0	

This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.



Fill in dates:

Form: CPF M 102: Campaign Finance Report

Municipal Form

Political Finance

REGISTRARS OF VOTERS

File with Town Clerk or Election Commission

09 JUN - 1 AM 11:00

#### Please print or type all information except signatures

Fill in dates:	Month	Day	Year		Month	Day	Year
Reporting period beginning	April	18	2009	and ending	May	25	2009
Report period: ☐ 15 <sup>th</sup> day before election	□ 8 <sup>th</sup> day	before e	election	☑ 30 <sup>th</sup> day a	ıfter election	□ Y <sub>0</sub>	ear-end report
Kenneth Michael G	oldstein			Committee		<del></del>	
Full name of cand				Committee name	<b></b>		
Selectma Office sought	<u>n</u>		<del></del>	Hui Jojo Do			
111 Holland Rd. Brookli Residential addre		.5		111 Holland R Committee mailing		MA 0244;	5
Tel. No. (optional)						Tel, No. (o	optional)
	SUM	MARY I	BALANCE	INFORMATION	N .		
Line 2: Total re	Line 1: Ending balance from previous report  Line 2: Total receipts this period (from page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  \$\frac{\\$2,821.41}{\\$0.00}\$ \$\frac{\\$2,821.41}{\\$2,821.41}\$						
Line 4: Total ex			riod (from	nage 3. line 14)		21.41 09.75	
Line 5: Ending			•	page of fine 14)		11.66	
Line 6: Total in- Line 7: Total of			-		\$ 0 \$ 0		
Line 8: Name of			nk North	1 page 4)	<del>y .</del>		
Line and the second sec							
Affidavit of Committee Treasurer I certify that I have examined this report, campaign finance activity, including all of and represents the campaign finance acti M.G.L. c. 55 and Brookline By-Laws, se	including attache contributions, loan vity of all persons	s, receipts, e	expenditures, d	lisbursements, in-kind	contributions and li	abilities for th	is reporting period
	XAN	Signed und	ler the penal	Ities of perjury:	5	131/09	,
Treasurer's signature (in/ir					Date /	,	
La Company (Marie Company Comp	OR CANDID	ATE FII	LINGS ON	LY: (Candidate mu	st sign below)		
Affidavit of Candidate: (check of Signature Candidate with committee and I certify that I have examined this report, campaign finance activity, of all persons Brookline By-Law 3.1.7. I have not rece	no activity ind including attache acting under the a	d schedules, uthority, or	and it is, to th on behalf of th	e best of my knowledg is committee, in accord	dance with the requ	irements of M	I.G.L. c. 55 and
I certify that I have examined this report, campaign finance activity, including all and represents the campaign finance acti M.G.L. c. 55 and Brookline By-Laws, se	including attache contributions, loar vity of all persons c. 3.1.7.	d schedules, is, receipts, of acting unde	and it is, to the expenditures, der the authority	e best of my knowledg lisbursements, in-kind or on behalf of this co	e and belief, a true contributions and l	iabilities for th	is reporting period
TRAIL		Signed und	der the pena	lties of perjury:	6/1	09	
Candidate's signature (in in	nk)		<del>, , , , , , , , , , , , , , , , , , , </del>		Date	· •	<del> </del>
1							

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need itemize only those over \$50. In addition, Section 3.1.7 of the Town By-Laws further requires that the occupation and employer must be reported for each person who contributes more than \$50 in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a

page number on each additional page.

Date received	Name and residential address (alphabetical listing required)	Amou	nt	Occupation and employer (for contributions over \$50)
	N/A		$\Box$	(
		<u> </u>	$\vdash$	, , , , , , , , , , , , , , , , , , ,
, , , , , , , , , , , , , , , , , , ,				
		ļ	-	<del>, , , , , , , , , , , , , , , , , , , </del>
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			++	
			╂	
	A-4			
			+	
			$\dagger \dagger$	
Line 0.	Total receipts of more than \$50 (or listed above)	0	+	
	Total receipts of \$50 or less (not listed above)*	0	++	
	Line 11: Total receipts this period	0	+	
	(Enter here and on page 1, line 2)			

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

M.G.L. c. 55 requires committees to list, **in alphabetical order**, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name

and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Address Purpose of expenditure	Amou	unt
4/27/09	Joel G. Kinney	250 Corey Rd. Reimbursement for Kick off Brighton, MA 02135 Event	932	75
5/08/09	Roadhouse Inc.	1700 Beacon St. Election night event Brookline, MA 02445	1,277	00
			,	
		Line 12: Total expenditures of more than \$50 (or listed above)	2,209	75
		Line 13: Total expenditures of \$50 or less (not listed above)*	0	00
		Line 14: Total expenditures this period (Enter here and on page 1, line 4)	2,209	75

<sup>\*</sup>Receipts of \$50 or less *may be itemized above*. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

Itemize contributors who have made in-kind contributions of *more than \$50*. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Valu	ıe
					+
		Line 15: In-kind over \$3	50 (or listed above)		<u>L</u> .
		Line 16: In-kind \$50 or			
		Line 17: Total in-kind contributions (Enter here and on page 1, line 6)			

<sup>\*</sup>If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

#### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL outstanding liabilities, including those which have been reported previously as well as those incurred during this reporting period.

Date incurred	To whom due	Address	Purpose	Amoui
	**************************************	Line 18: Total outs (Enter here and o	standing liabilities on page 1, line 7)	0

This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.



File with:

City or Town Clerk or Election Commission

## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Please print or type all information, except signatures.

TOWN CLERK

Type of report: (Check one)	
□8th day preceding preliminary □8th day preceding election □30 day after election □year-end report □dissolution	on
BARBARA SCOTTO  Full Name of Candidate (if applicable)  SCHOOL COMMITTEE, BROOKUNG  Office Sought and District  26 CROWNINSHIELD ROAD  Residential Address B820446  (617) 566-8041 Tel. No. (optional)  (617) 277-7465 Tel. No. (optional)	Ċ
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used BROOKCIWE BAWK	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all car finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represe campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  Treasurer's signature (in ink)  Date	npaign
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all car finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not receive contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all car finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represe campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:	npaign
Candidate signature (in ink)  Date	

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Onte Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
5/15/09		#250	.00	LANDLORD SELF-EMPLOYED
	· .			
	· ·			
Line 9:	Total receipts in excess of \$50 (or listed above)	250		
	Total receipts \$50 and under* (not listed above)	3 05	1	
	TOTAL RECEIPTS IN THE PERIOD	555		Enter on page 1, line 2

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

te Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
	GRENIÉR PRINT SHOP	3702 WASHINGTON JAMAICA PLAIN, DAB		1086	75
	GRENIÈR PRINT SHOP	3702 WASHINGTON ST JAMAICA PLAIN, MA 02130	PRINTING	257	
5/5/09	GREWIER PRINT SHOP	11 (/	PRINTING	257	25
5     09	CAROLSCHRAFT	5 EVANS ROAD BROOKLINE , SLAYE	STAMPS	93	80
			and the state of t		
4					
		1000			
-					
<u>, , , , , , , , , , , , , , , , , , , </u>			Expenditures over \$50	1.6	<del></del>
			Expenditures \$50 and under		.80
	Enter on page 1, line 4	Line 13			er* 27

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Contribution	
;				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Purpose	Amount
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



## Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN OF BROOKLINE REGISTRARS OF VOTERS

File with:

09 JUN -8 AH 9:50

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

	209 Ending Month June 6, 2009
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election	on 30 day after election  year-end report dissolution
Full Name of Candidate (if applicable)  School Committee - Brookline  Office Sought and District  157 WALNUT ST. 02445  Residential Address  (017.734.4026  Tel. No. (optional)	Committee to Elect Elizabeth Childs  Committee Name  RALPH Grieco  Name of Committee Treasurer  157 WALNUT ST., BROOKLINE  Committee Mailing Address 02445  617, 734.4026  Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	(page 2, line 11)  \$ 200.00  \$-2812.33  Deriod (page 3, line 14)  \$ 745.00  \$ s line 4)  \$ 53557.33  Dilities (page 4)  \$ 3557.33
and represents the campaign finance activity of all persons acting under the M.G.L. c. 55.  Signed under the penaltie.  Treasurer's signature (in ink)	it is, to the best of my knowledge and belief, a true and complete statement of all aditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of sof perjury:
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the comm	

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L., c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

0/4/09

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Name and Residential Address			unt	Occupation & Employer		
Received	·			(for contributions of \$200 or more		
1	Culled Agus Sup					
4/28/09	Culler, Amy Sue 7564 Orympic ARK Sylvania, MA	100	00			
1/28/09 5/3/09 5/1/09	FIGLER, WILLIAM & JOAN 346 NEWTON St. 02467 BLOOKOWE, MA 02467 MILLER, LAWRENCE 234 WALLUT ST.	50	00	• •		
, -, -,	BLOOKOWO, MA OCTOI					
5/1/09	234 WALDUT STA 02445	50	00			
	·					
	•					
		-				
		i				
			and decimal and the second			
Line 9:	Total receipts in excess of \$50 (or listed above)	200	0Ĉ			
Line 10:	Total receipts \$50 and under* (not listed above)			17.0%		
	TOTAL RECEIPTS IN THE PERIOD	200	OC	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
4/29/09	BROOKLING BANK	31001 €1100/111/1 = 11		25	00
5/29/09	Brooklene BANK	RO. BOA 470469 Brockling, MA OZ447	BANK CHARGE	15	00
5/20/09	P.M.I. INC.	P.O. BOX 698 MARIANNE, FLA 32447	AUTO DIAL TEL, MESSAGE	695	00
				,	
	·				
-			,		
·			, .		
		Line 12:	Expenditures over \$50	745	100
			Expenditures \$50 and under*		
ו	Enter on page 1, line 4		TOTAL EXPENDITURES	745	- N

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	31° 310°, 1 - 31°,			
			•	
	<u> </u>	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
6/5/09	ELIZABETH CHILDS	157 WALNUT SC BLOOK DINE, MA 02445	PERSONAL LOAN TO	3,557,33
	:	02445	CAMPAIGN COMMITTER	
				·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	3,557,33

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth of Massachusetts	RECEIVED
File with:  City or Town Clerk or Election Commission Please print or type all in	formation, except signatures.  TOWN OF BROOKLINE TOWN CLERK
Fill in dates: Reporting Period Beginning Hond & 200	9 Ending June 4 2009
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding election	on №30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable)  School (om miller)	Committee to elect Ive Chan  Committee Name  Tevesa Cheng
Office Sought and District  55 Welland Rd.  Residential Address  Tel. No. (optional)	Name of Committee Treasurer  S Weland Rd  Committee Mailing Address  Brookline M A 02445  Tel. No. (optional)
Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	\$\\\ \begin{aligned} \square \text{1 (page 2, line 11)} & \square \frac{\beta \frac{\fraccc}\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\fraccc}\frac{\frac{\
campaign finance activity, including all contributions, loans, receipts, expen	it is, to the best of my knowledge and belief, a true and complete statement of all additures, disbursements, in-kind contributions and liabilities for this reporting period e authority or on behalf of this committee in accordance with the requirements of sof perjury:
FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any ex   Candidate without Committee OR Candidate with independent active I certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expending	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period.  ity filing separate report  it is, to the best of my knowledge and belief, a true and complete statement of all itures, disbursements, in-kind contributions and liabilities for this reporting period e authority or on behalf of this committee in accordance with the requirements of

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
	Nanca Dalu			
5/5/09	161 Rawson Rd, Brookline MA 02445	100	00	
11	James Guternay 02467			•
711/09	James Guterman 02467- 9 Puddingstone Rd Chestrut Hill MA	50	00	
1 1	Aline Hillman			
130/09	Aline Hillman 55 Mason Terrace, Brookline MA 02446	25	00	
.1 /	Charlene Mook-Jew			
	Charlene Mock-Jew 278 South Sty Chesthaf Hill MA 02467	100	00	·
19/09	Han Morse Tr. 160 Agginwall the AI Browniae 0140244	100	00	
26/09	MULLOUNG			
26/07	114 Someweet Rd. Brookfile 41 # 02445	- 50	00	
1 / 2	Mona Weiner			,
129/09	157 South St. Chestnaftill MA 02467	50	00	
1	Mary Wong			
23/07	120 Stedman St. BrooklineMA 02446	50	00	
12109	Selena Chows	-100	00	
,				
		-		
	·			
	·			
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			1.34
T	TOTAL RECEIPTS IN THE PERIOD	1000	00	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

umber on each page.					
Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditure		Amount	
5/28/09	Community" Newspaper Ad	254 Second Ave. Weedham MA 02494	. Ad	1326	15
4/23/09	Grenier Print Shap Home Depot	Weedham MA 02494 37 02 Washingtonff Jamaica Phin 0213 West Roxburg MA	o printing	181	65
5/28/09	Honse Depot	MEST KOXBURY MA	Lumbber	79	92
'		·			-
·				,	
		,			
					-
				,	
			,		
		Line 12:	Expenditures over \$50		
			Expenditures \$50 and under*		
]	Enter on page 1, line 4		TOTAL EXPENDITURES	1587	72

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	9° 90, 1 '00' 1			
-	· .	Line 15:	In-kind over \$50	
			In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
5/1/09	Iva Chan	55 Welland Rel Brooklike MA 02445	personal loan	\$550.00
		•.		
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

One	e of Campaign and P	outical rinance		N	DO O
managywealth Magaarhaanta				sumaturi.	20 mg
e with:			**************************************		<del>93</del> *
ty or Town Clerk or Election Commission			•	name (1976) mirrormale managements	58
Please print or	type all informa	tion, except signatures	•	ယ	HE.
Fill in dates: Month Date	Your	Month	Date	Year	2011
Reporting Period Beginning 5	68	Ending 5		DI_	
Two of reports (Charle one)					
	eding election	30 day after election	☐ year-end report	□disse	olution
(Karen Livingston					)
		Commi	ttee Name		
Library Trustee		Commi			
Office Sought and District		Name of Com	mittee Treasurer		
		Committee N	Aailing Address		
	etama)		Tel No. (	ontional)	
Yer 1 in for	tional)		ter ue (		)
STIMMAD	V BALANCE	INFORMATION	•		
			•	1	
***	_	_	\$	-	
<u> </u>		2, IIIIe 11)	<b>«</b>	-	
· · · · · · · · · · · · · · · · · · ·	•	1, 4, 10	Ф	-	
· · · · · · · · · · · · · · · · · · ·	-		<b>3</b>	-	
Please print or type all information, except signatures.  In dates:    Month   Date   Yest   Month   Date   Month   Date	-				
Line 6: Total in-kind contri	butions this	period (page 4)	\$ 75.00		
P. Committee of the com	-			_	
` '	•	(pugo +)	<b>—</b>	-	
Enic of tank(s) the				- 丿	
I certify that I have examined this report including attached sche	dules and it is, to the l	est of my knowledge and be	lief, a true and complete stat	tement of al	l campaign
finance activity, including all contributions, loans, receipts, exper	xditures, disbursements v or on behalf of this o	, in-kind contributions and li	abilities for this reporting pe the requirements of M.G.L.	eriod and rep c. 55.	presents the
			, ,		
Tresenver's stemptone (in ink)			Date		
riementer a Minerale (III mar)					
FOR CANDIDATE F	TLINGS ONI	Y: (CANDIDATE MUS	T SIGN BELOW)		

Midavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
pertify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
nance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
entributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report
certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
nance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
impaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:
Level Lum Optor  And date signature (in link)  Date
andidate signature (in ink)  Date

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only themize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date eccived	h page.  Name and Residential Address  (alphabetical listing required)	Amour	Occupation & Employer (for contributions of \$200 or more)
			·
			·
Ning O: To	otal receipts in excess of \$50 (or listed above)		
	otal receipts \$50 and under* (not listed above)		
Line IU: 10	OTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(			
		4		
4	S. A.			
	•			
		Line	12: Expenditures over \$50	
			13: Expenditures \$50 and under*	
I	Enter on page 1, line 4	Line	e 14:TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
April 24 2008	Stanley N. Rabinovitz	117 Thorndike street Brookline, Magarr	Constable collected Signatures for Slate	\$757.00
•		·		
	<u> </u>	Line 15:	In-kind over \$50	\$75.00
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	\$75.00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Purpose	Amount
·			
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance



File with: City or To

ty or Town Clerk or Election Commission  Please print or type all information, except signatures.
Fill in dates:  Reporting Period Beginning  Month  Date  Year  A  Date  Year  Reporting Period Beginning  Month  Date  Year  Ending  Month  Date  Year  Zoo 9  Ending
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable)  Office Sought and District  Residential Address  Tel. No. (optional)    Committee Name   Hugh   Not Applicable   Hugh   Name of Committee Treasurer   29 how el   Hod   Committee Mailing Address   Committee Mailing
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used Record (102 Bank)
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:    G-22-09
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with Independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalities of perjury:
Candidate signature (in ink)  Date

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only themize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page multiber on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
1-1-01	Francis Shedd-Fisher	100		
1-2-09	John Hodgman	60	7	
1509	John Hodgman Delibe Broks	100		
	·			
			·	
Line 9:	Total receipts in excess of \$50 (or listed above)	200	6	
	Total receipts \$50 and under* (not listed above)	50		
	TOTAL RECEIPTS IN THE PERIOD	26		Enter on page 1, line 2

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
				789	30
•					
					1
					-
+					
					<b>-</b>
			•		
					-
			2: Expenditures over \$50	789	38
<b>.</b>	Enter on page 1, line 4		3: Expenditures \$50 and under 14: TOTAL EXPENDITURES		7 38

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	10

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Purpose	Amount
		·	
		•	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4